

<i>SERFF Tracking Number:</i>	<i>ZURC-125860800</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>Universal Underwriters Insurance Company, ...</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>AR CA 27853</i>		
<i>TOI:</i>	<i>20.0 Commercial Auto</i>	<i>Sub-TOI:</i>	<i>20.0001 Business Auto</i>
<i>Product Name:</i>	<i>Arkansas Selection/Rejection Forms for Commercial Auto</i>		
<i>Project Name/Number:</i>	<i>AR CA 27853 - Arkansas Selection/Rejection Forms for Commercial Auto/AR CA 27853</i>		

Filing at a Glance

Companies: Universal Underwriters Insurance Company, Universal Underwriters of Texas Insurance Company

Product Name: Arkansas Selection/Rejection SERFF Tr Num: ZURC-125860800 State: Arkansas

Forms for Commercial Auto

TOI: 20.0 Commercial Auto

SERFF Status: Closed

State Tr Num: EFT \$50

Sub-TOI: 20.0001 Business Auto

Co Tr Num: AR CA 27853

State Status: Fees verified and received

Filing Type: Form

Co Status: Not Applicable

Reviewer(s): Betty Montesi,
Llyweyia Rawlins

Author: Patricia Chudik

Disposition Date: 10/16/2008

Date Submitted: 10/15/2008

Disposition Status: Approved

Effective Date Requested (New): 11/01/2008

Effective Date (New): 11/01/2008

Effective Date Requested (Renewal): 11/01/2008

Effective Date (Renewal):
11/01/2008

State Filing Description:

General Information

Project Name: AR CA 27853 - Arkansas Selection/Rejection Forms for Commercial Auto Status of Filing in Domicile: Not Filed

Project Number: AR CA 27853

Domicile Status Comments:

Reference Organization: NA

Reference Number: NA

Reference Title: NA

Advisory Org. Circular: NA

Filing Status Changed: 10/16/2008

State Status Changed: 10/16/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

The purpose of this filing is to seek approval of two forms for use with the Commercial Auto line of business. These forms are intended to replace form 2435 (05/95), Arkansas Elective Options Form and 4659 (06/95), PIP Election Form.

Please see the explanatory memorandum for a complete description of this filing.

SERFF Tracking Number: ZURC-125860800 State: Arkansas
 First Filing Company: Universal Underwriters Insurance Company, ... State Tracking Number: EFT \$50
 Company Tracking Number: AR CA 27853
 TOI: 20.0 Commercial Auto Sub-TOI: 20.0001 Business Auto
 Product Name: Arkansas Selection/Rejection Forms for Commercial Auto
 Project Name/Number: AR CA 27853 - Arkansas Selection/Rejection Forms for Commercial Auto/AR CA 27853

If possible, we request that this filing becomes effective November 1, 2008, for new and renewal business, or as soon as statutes permit.

Company and Contact

Filing Contact Information

Patricia Chudik, Product Analyst pat.chudik@zurichna.com
 1400 American Lane (847) 605-7714 [Phone]
 Schaumburg, IL 60196-1056 (847) 605-7768[FAX]

Filing Company Information

Universal Underwriters Insurance Company	CoCode: 41181	State of Domicile: Kansas
7045 College Blvd.	Group Code: 212	Company Type: Property and Casualty
Overland Park, KS 66211	Group Name: Zurich North American	State ID Number:
(800) 821-7803 ext. [Phone]	FEIN Number: 43-1249228	

Universal Underwriters of Texas Insurance Company	CoCode: 40843	State of Domicile: Texas
7045 College Blvd.	Group Code: 212	Company Type: Property and Casualty
Overland Park, KS 66211	Group Name: Zurich North America	State ID Number:
(800) 821-7803 ext. [Phone]	FEIN Number: 36-3139101	

Filing Fees

Fee Required? Yes
 Fee Amount: \$50.00
 Retaliatory? No
 Fee Explanation: Arkansas's fee for a form filing is \$50.00.
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Universal Underwriters Insurance Company	\$50.00	10/15/2008	23199988

SERFF Tracking Number: *ZURC-125860800* *State:* *Arkansas*
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TOI: *20.0 Commercial Auto* *Sub-TOI:* *20.0001 Business Auto*
Product Name: *Arkansas Selection/Rejection Forms for Commercial Auto*
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Universal Underwriters of Texas Insurance \$0.00 10/15/2008
Company

SERFF Tracking Number: *ZURC-125860800* *State:* *Arkansas*
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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	10/16/2008	10/16/2008

SERFF Tracking Number: *ZURC-125860800* *State:* *Arkansas*
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TOI: *20.0 Commercial Auto* *Sub-TOI:* *20.0001 Business Auto*
Product Name: *Arkansas Selection/Rejection Forms for Commercial Auto*
Project Name/Number: *AR CA 27853 - Arkansas Selection/Rejection Forms for Commercial Auto/AR CA 27853*

Disposition

Disposition Date: 10/16/2008
Effective Date (New): 11/01/2008
Effective Date (Renewal): 11/01/2008
Status: Approved
Comment:

Rate data does NOT apply to filing.

Overall Rate Information for Multiple Company Filings

Overall Percentage Rate Indicated For This Filing	0.000%
Overall Percentage Rate Impact For This Filing	0.000%
Effect of Rate Filing-Written Premium Change For This Program	\$0
Effect of Rate Filing - Number of Policyholders Affected	0

SERFF Tracking Number: ZURC-125860800 State: Arkansas

First Filing Company: Universal Underwriters Insurance Company, ... State Tracking Number: EFT \$50

Company Tracking Number: AR CA 27853

TOI: 20.0 Commercial Auto Sub-TOI: 20.0001 Business Auto

Product Name: Arkansas Selection/Rejection Forms for Commercial Auto

Project Name/Number: AR CA 27853 - Arkansas Selection/Rejection Forms for Commercial Auto/AR CA 27853

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	Explanatory memorandum	Approved	Yes
Form	Selection/Rejection of Uninsured and Underinsured Motorist Coverages and Offer of Increased Uninsured Limits - Arkansas	Approved	Yes
Form	Selection/Rejection of Personal Injury Protection Coverage - Arkansas	Approved	Yes

SERFF Tracking Number: ZURC-125860800 State: Arkansas

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Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Selection/Rejection of Uninsured and Underinsured Motorist Coverages and Offer of Increased Uninsured Limits - Arkansas	2435	(10/08)	Election/Rejection/Supplemental Application s	Replaced Form #: 2435 (05/95) Previous Filing #:		AR UM-UIM - 2435 10-08.pdf
Approved	Selection/Rejection of Personal Injury Protection Coverage - Arkansas	4659	(10/08)	Election/Rejection/Supplemental Application s	Replaced Form #: 4659 (06/95) Previous Filing #:		AR PIP - 4659 10-08.pdf

Selection/Rejection of Uninsured and Underinsured Motorist Coverages and Offer of Increased Uninsured Limits

ARKANSAS

I. UNINSURED/UNDERINSURED MOTORISTS COVERAGE

Under Arkansas Insurance Laws (Section 23-89-403 of the Arkansas Code), Uninsured Motorists Coverage provides insurance for the protection of persons insured thereunder who are legally entitled to recover damages from owners or operators of uninsured motor vehicles because of bodily injury, sickness or disease, including death, resulting therefrom.

Uninsured Motorists Coverage (Sections 23-89-404) also provides insurance for the protection of persons insured thereunder for property damage to the insured for losses in excess of two hundred dollars (\$200). "Property damage" means damage to the insured's vehicle, plus a reasonable allowance for loss of use of the vehicle.

The law permits you, the insured named in the policy, to reject the Uninsured Motorists Coverage in its entirety or to reject the property damage only portion of the Uninsured Motorists Coverage. The law requires that if you do not reject Uninsured Motorists Coverage for bodily injury, the insurer will automatically provide you with this coverage in the minimum limits prescribed by law.

Under Arkansas Insurance Laws (Section 23-89-403 of the Arkansas Code), if you choose not to reject Uninsured Motorists Coverage, you, the insured named in the policy, have the right to purchase uninsured motorists coverage in limits up to the limits of third-party liability coverage you will carry under your automobile insurance policy. Alternatively, the law also permits you to reject any offered increased limits.

Under Arkansas Insurance Laws (Sections 23-89-209), Underinsured Motorists Coverage enables the insured or his/her legal representative to recover from the insurer the amount of damages for bodily injury or death to which the insured is legally entitled from the owner or operator of another vehicle whenever the liability insurance limits of such other owner/operator are less than the amount of the damages incurred by the insured. Coverage shall not be reduced by the other party's insurance coverage except to the extent that the injured party would receive compensation in excess of his/her damages.

Underinsured Motorists Coverage is available only if Uninsured Motorists Coverage is not rejected above. The law permits you, the insured named in the policy, to reject Underinsured Motorists Coverage.

II. SELECTION OF YOUR COVERAGE CHOICES

The following options are available. Please indicate your elections below, sign the form and return to us.

Options	Uninsured Motorists				Underinsured Motorists		
	Coverage Rejected	Minimum Limits as Shown in the Law	Other Limits (Not to exceed policy limits)	Reject Property Damage only	Coverage Rejected	Minimum Limits as Shown in the Law	Other Limits (Not to exceed policy limits)
Garage	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Basic Auto	<input type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Auto Lessors Liability	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Daily Rental	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Designated Individuals Listed Below	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Signed by & Title* _____ Date _____
 *Must be signed by the Named Insured, president, owner, partner, vice president or corporate officer.

Printed Name of Insured _____
 City _____, Arkansas Cust. ID: _____

Selection/Rejection of Personal Injury Protection Coverage ARKANSAS

Arkansas Insurance Laws (Section 23-89-202 of the Arkansas Code) require an insurer to offer Personal Injury Protection Coverage to its policyholders. The benefits provided by Personal Injury Protection Coverage consist of: (1) medical expense coverage, (2) work loss coverage and (3) accidental death benefits.

Under Arkansas Insurance Laws (Section 23-89-203 of the Arkansas Code) you, the insured named in the policy, have the option of rejecting all or any one of the above-mentioned coverages.

In accordance with said insurance code, I hereby make the following elections:

- ☐ I desire Personal Injury Protection.
- ☐ I hereby reject Medical Expense Coverage.
- ☐ I hereby reject Work Loss Coverage.
- ☐ I hereby reject Accidental Death Benefits.
- ☐ I hereby reject ALL Personal Injury Protection Coverage.

Signed by & Title* _____ Date _____

*Must be signed by the Named Insured, president, owner, partner, vice president or corporate officer.

Printed Name of Insured _____

City _____, Arkansas Cust. ID: _____

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Rate Information

Rate data does NOT apply to filing.

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Project Name/Number: AR CA 27853 - Arkansas Selection/Rejection Forms for Commercial Auto/AR CA 27853

Supporting Document Schedules

		Review Status:	
Satisfied -Name:	Uniform Transmittal Document-Property & Casualty	Approved	10/16/2008

Comments:

Attachment:

NAIC transmittal.pdf

		Review Status:	
Satisfied -Name:	Explanatory memorandum	Approved	10/16/2008

Comments:

Attachment:

Explanatory Memorandum.pdf

Property & Casualty Transmittal Document

1. Reserved for Insurance Dept. Use Only	2. Insurance Department Use only	
	a. Date the filing is received:	
	b. Analyst:	
	c. Disposition:	
	d. Date of disposition of the filing:	
	e. Effective date of filing:	
	New Business	
	Renewal Business	
	f. State Filing #:	
	g. SERFF Filing #:	
h. Subject Codes		

3. Group Name	Zurich North America				Group NAIC #	212
4. Company Name(s)	Domicile	NAIC #	FEIN #	State #		
Universal Underwriters Insurance Company	KS	41181	43-1249228			
Universal Underwriters of Texas Insurance Company	TX	40843	36-3139101			

5. Company Tracking Number	AR CA 27853
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Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6.	Name and address	Title	Telephone #s	FAX #	e-mail
	Patricia E. Chudik Regulatory Services Analyst Zurich North America 1400 American Lane Schaumburg, Illinois 60196	Regulatory Services Analyst	847 605-7714	847 605-7768	pat.chudik@zurichna.com
7.	Signature of authorized filer		<i>Patricia E. Chudik</i>		
8.	Please print name of authorized filer		Patricia E. Chudik		

Filing information (see General Instructions for descriptions of these fields)

9. Type of Insurance (TOI)	20.0
10. Sub-Type of Insurance (Sub-TOI)	20.0001
11. State Specific Product code(s)(if applicable)[See State Specific Requirements]	
12. Company Program Title (Marketing title)	Arkansas Selection/Rejection Forms for Commercial Auto
13. Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input checked="" type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)
14. Effective Date(s) Requested	New: 11-01-2008 Renewal: 11-01-2008
15. Reference Filing?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
16. Reference Organization (if applicable)	NA
17. Reference Organization # & Title	NA
18. Company's Date of Filing	10-15-2008
19. Status of filing in domicile	<input type="checkbox"/> Not Filed <input checked="" type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

Property & Casualty Transmittal Document—

20.	This filing transmittal is part of Company Tracking #	AR CA 27853
21.	Filing Description	[This area can be used in lieu of a cover letter or filing memorandum and is free-form text]

The purpose of this filing is to seek approval of two forms for use with the Commercial Auto line of business. These forms are intended to replace form 2435 (05/95), Arkansas Elective Options Form and 4659 (06/95), PIP Election Form.

Please see the explanatory memorandum for a complete description of this filing.

If possible, we request that this filing becomes effective November 1, 2008, for new and renewal business, or as soon as statutes permit.

22.	Filing Fees (Filer must provide check # and fee amount if applicable) [If a state requires you to show how you calculated your filing fees, place that calculation below]
Check #: EFT Amount: \$50.00	
Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.	

***Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)

FORM FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes forms)

(Do not refer to the body of the filing for the forms listing, unless allowed by state.)

1.	This filing transmittal is part of Company Tracking #	AR CA 27853
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2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)	NA
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3.	Form Name /Description/Synopsis	Form # Include edition date	Replacement Or withdrawn?	If replacement, give form # it replaces	Previous state filing number, if required by state
01	Selection/Rejection of Uninsured and Underinsured Motorist Coverages and Offer of Increased Uninsured Limits – Arkansas	2435 (10/08)	[] New [X] Replacement [] Withdrawn	2435 (05/95)	Unknown
02	Selection/rejection of Personal Injury Protection Coverage Arkansas	4659 (10/08)	[] New [X] Replacement [] Withdrawn	4659 (06/95)	Unknown
03			[] New [] Replacement [] Withdrawn		
04			[] New [] Replacement [] Withdrawn		
05			[] New [] Replacement [] Withdrawn		
06			[] New [] Replacement [] Withdrawn		
07			[] New [] Replacement [] Withdrawn		
08			[] New [] Replacement [] Withdrawn		
09			[] New [] Replacement [] Withdrawn		
10			[] New [] Replacement [] Withdrawn		

PC FFS-1

Explanatory Memorandum
AR CA 27853
Selection/Rejection Forms for Use with Commercial Auto

4659(10/08) - Selection/Rejection of Personal Injury Protection Coverage

We have revised our Arkansas PIP Elective Option Form 4659 to incorporate the uninsured/underinsured motorists coverage description and general formatting used by our parent company (Zurich American Insurance Company).

2435(10/08) - Selection/Rejection of Uninsured/Underinsured Motorists Coverage and Offer of Increased Uninsured Limits

We have revised our Arkansas UM/UIM Elective Option Form 2435 to allow separate elections for uninsured and underinsured motorists coverage. The insured may reject uninsured motorists or underinsured motorists bodily injury coverage, or uninsured motorists property damage coverage. If the insured has rejected uninsured motorists bodily injury coverage, the insured may not elect uninsured motorists property damage or underinsured motorists bodily injury coverage.

In addition to the changes to form 2435, we have incorporated the uninsured/underinsured motorists coverage description and general formatting used by our parent company (Zurich American Insurance Company).